U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJUI SSESSMENT AND FOLLOWUP
(Medical)

1. Institution	2. Name of Injured	3. Register Number
FCI McKean	Baker	19613-039
4. Injured's Duty Assignment	**5. Housing Assignment**	**6. Date and Time of Injury**
Rec. Orderly	AA	12-15-99 06:50
7. Where Did Injury Happen (*Be specific as to location*)	*Work Related?* ☐ Yes ☒ No	**8. Date and Time Reported for Treatment**
Rec Gym Floor		12-15-99 07:30

9. Subjective: (*Injured's Statement as to How Injury Occurred*)(*Symptoms as Reported by Patient*)

Saw IM Harris standing against wall when I walked in Main Gym area before incident happened.

X Darryl Baker
Signature of Patient

10. Objective: (*Observations or Findings from Examination*)

X-Rays Taken ____ *Not Indicated* ✓
X-Ray Results

HEENT: WNL Neck: ⊖ findings

Torso: ⊖ bruising or abrasions Ext: ⊖ bruising or abrasions

⊖ cuts.

11. Assessment: (*Analysis of Facts Based on Subjective and Objective Data*)

No physical finding to R/O physical altercation

12. Plan: (*Diagnostic Procedures with Results, Treatment and Recommended Follow-up*)

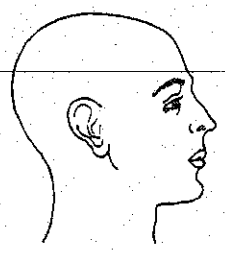
If any problems should arise F/U S/C

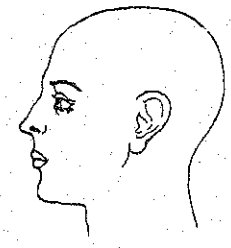
Im understands directions

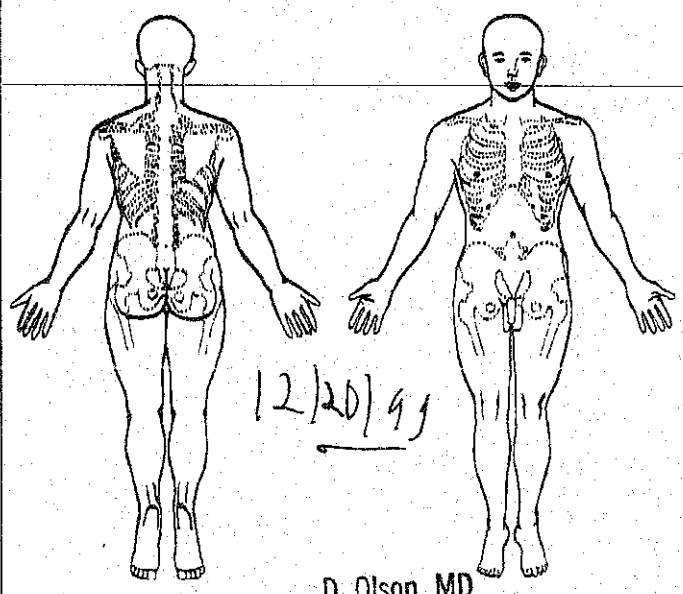
13. This Injury Required:

- ☒ a. No Medical Attention
- ☐ b. Minor First Aid
- ☐ c. Hospitalization
- ☐ d. Other (*explain*) _____
- ☐ e. Medically Unassigned
- ☐ f. Civilian First Aid Only
- ☐ g. Civilian Referred to Community Physician

Eric Kessel
Signature of Physician or Physician Assistant







12/20/99

D. Olson, MD
Clinical Director

Self Carboned Form – If ballpoint pen is used, PRESS HARD

Original – Medical File
Canary – Safety
Pink – Work Supervisor (*Work related only*)
Goldenrod – Correctional Supervisor

000175

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution	2. Name of Injured	3. Register Number
FCI McKEAN.	BAKER Darryl	19613-039
4. Injured's Duty Assignment	**5. Housing Assignment**	**6. Date and Time of Injury**
Unicor.	1A.	2/25/99. 1300
7. Where Did Injury Happen (*Be specific as to location*)	*Work Related?* ☐ Yes ☒ No	**8. Date and Time Reported for Treatment**
Rec Weight Room		2/25/99 1300

9. Subjective: (*Injured's Statement as to How Injury Occurred*)(*Symptoms as Reported by Patient*)

I went to Rec to Lift @ Lunchtime & Strained my lower back.

x Darryl Baker
Signature of Patient

10. Objective: (*Observations or Findings from Examination*)

↓ ROM & Ant Flexion ; (L) Lat.

X-Rays Taken _____ *Not Indicated* ✓

X-Ray Results

Flexion Also & (L) Leg Raise. +Focal Tenderness (R) Lumbar Paraspinals

11. Assessment: (*Analysis of Facts Based on Subjective and Objective Data*)

LSSS

12. Plan: (*Diagnostic Procedures with Results, Treatment and Recommended Follow-up*)

Rest ; Moist Heat. Understands

Motrin 800mg #21 ; TIDX 1

Patient Educ -

C. Gelsick, R.Ph

13. This Injury Required:

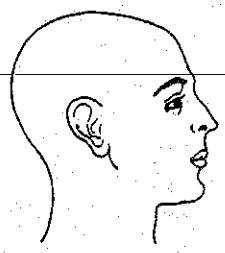
- ☐ a. No Medical Attention
- ☒ b. Minor First Aid
- ☐ c. Hospitalization
- ☐ d. Other (*explain*)

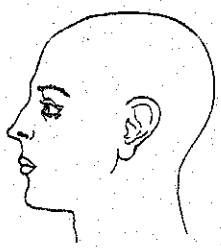
_____

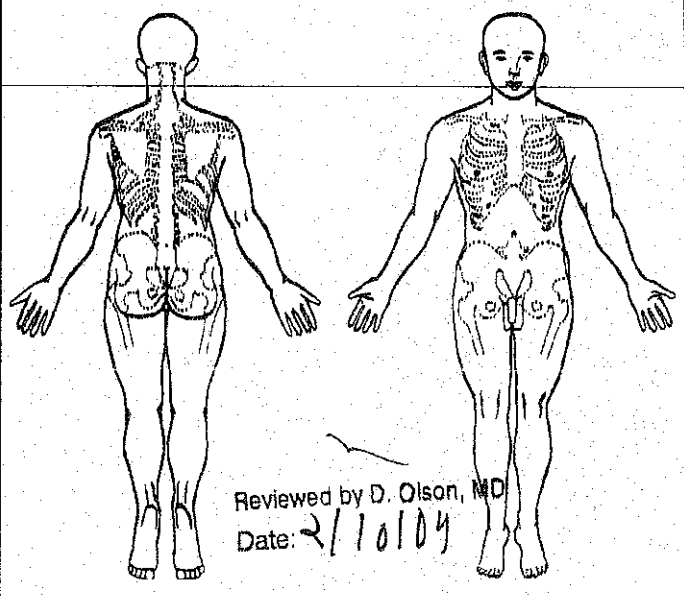
_____

- ☐ e. Medically Unassigned
- ☐ f. Civilian First Aid Only
- ☐ g. Civilian Referred to Community Physician

Signature of Physician or Physician Assistant







Reviewed by D. Olson, MD
Date: 2/10/04

Self Carboned Form – If ballpoint pen is used, **PRESS HARD**

Medical File
Gang
USP Supervisor (*Work related only*)
Functional Supervisor

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY SESSMENT AND FOLLOWUP
(Medical)

1. Institution	2. Name of Injured	3. Register Number
FCI McKean	Baker, Darryl	19613-039
4. Injured's Duty Assignment	**5. Housing Assignment**	**6. Date and Time of Injury**
CMS	1A	12-26-96 1445
7. Where Did Injury Happen (*Be specific as to location*)	*Work Related?* ☐ Yes ☒ No	**8. Date and Time Reported for Treatment**
Gym		12-26-96 1830

9. Subjective: (*Injured's Statement as to How Injury Occurred*)(*Symptoms as Reported by Patient*)

Dead lifting 405 lbs. felt Something pull in my back.

Daryl Baker
Signature of Patient

10. Objective: (*Observations or Findings from Examination*)

pt. can bend forward ~45°, L ROM ~ 20° to right, tenderness palpation @ Supra Spinatous muscles in L-S area, @ erythema or swelling, DTR's @2, good strength, Nev intact ~~pain straight leg raise both Sitting + laying, pain adduction @ leg~~

X-Rays Taken _____ *Not Indicated* X
X-Ray Results

11. Assessment: (*Analysis of Facts Based on Subjective and Objective Data*)

muscle Sprain

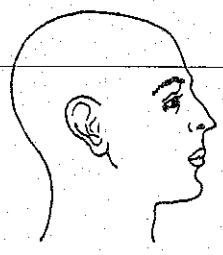
12. Plan: (*Diagnostic Procedures and Results, Treatment and Recommended Follow-up*)

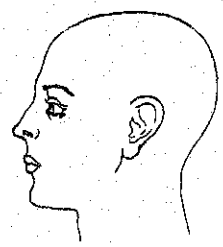
1. ice, meds, rest
2. Motrin 800 mg. TPO TID, #21, no refill
3. idle 1 day
4. Fin PRN

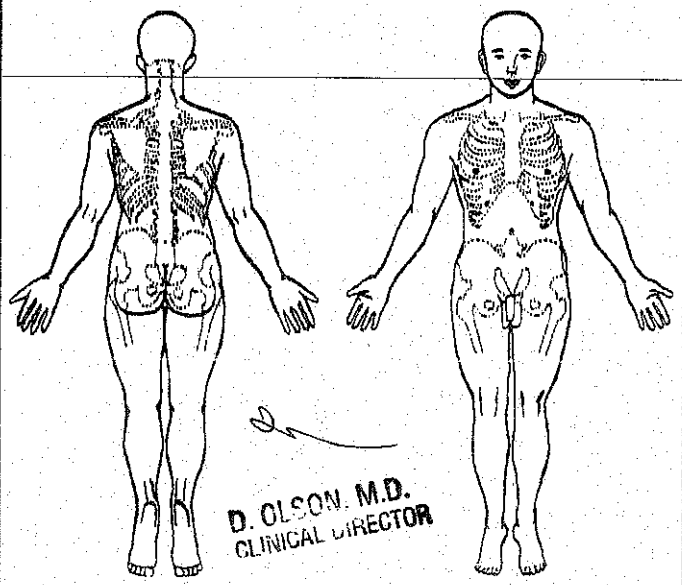
PATIENT EDUCATION
PATIENT EDUCATION
Dosage
Special Instructions
Adverse Reaction
C. Gelsick, R.PH.

13. This Injury Required:

- ☐ a. No Medical Attention
- ☐ b. Minor First Aid
- ☐ c. Hospitalization
- ☐ d. Other (*explain*)
- ☐ e. Medically Unassigned
- ☐ f. Civilian First Aid Only
- ☐ g. Civilian Referred to Community Physician







S. Walter P.A.
Signature of Physician or Physician Assistant
SHARONE A. WALTER
PHYSICIAN ASSISTANT

D. OLSON, M.D.
CLINICAL DIRECTOR

Self Carboned Form – If ballpoint pen is used, PRESS HARD

Original – Medical File
Canary – Safety
Pink – Work Supervisor (*Work related only*)
Goldenrod – Correctional Supervisor

000177

MEDICAL DEPARTMENT
AUGUST 12, 2005

1) I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED TO SEE A OPTICAL SPECIALIST.

2) I AM HAVING PAIN AS A RESULT OF SOME TIGHT RESTRAINTS ON MY RIGHT ARM AND SOME SWELLING.

3) I AM HAVING SOME SINUS PROBLEMS WITH MY ALLERGIES.

THANK YOU VERY MUCH

BY: JOANNE BAKER
#19613-039

CC: RECORD:

PT SEEN 8-11-05 - My clinical director will eval done. PT refused cuff - Custody issue for outside trip 8-11-05

J. Barnes PA
Acting CMS/A

U.S. Department of Justice
Federal Bureau of Prisons

Medical Treatment Refusal
(Rechazo de Tratamiento Médico)

8/11/05
Date (Fecha)

I, Baker, Daryl 19613-039, refuse treatment recommended by the Federal
(Name and Registration Number) (Numbre y Numero de Registro) (rechaza el tratamiento recomendado por el Personal

Bureau of Prisons Medical staff for the following condition(s):
Médico del Bureau Federal de Prisiones, por las siguientes razones):
DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

diplopia H/o old orbital entrapment

The following treatment(s) was/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):

ophthalmology - routine evaluation
- I/M refused custody - cuffing for outside procedure

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respectar y seguir mis expresos deseos y direcciones.)

X Pt refuses to sign
X in stdd / cuffed - black box
Patient's Signature and Date (Firma del Paciente y Fecha)

I/M still c/o pain - eye
"will NOT sign anything"

Michelle Kellerman 8/11/05.
Signature of Witness and Date (Firma del Testigo y Fecha)

8/11/05
Signature of Witness and Date (Firma del Testigo y Fecha)

Original - Inmate's Medical Record
Canary - Hospital File
Pink - To Inmate

000179

BP-358(60)
MAY 1995

UNITED STATES GOVERNMENT

memorandum

FCI Elkton, Ohio

Date: 6/8/05

Reply to: Jane Barnes, PA-C
Attn of: Acting Assistant Health Services Administrator

Michele, Keller, D.O.
Clinical Director/URC Chairman

Subject: Community Referral Approval/Denial

To: Baker Darryl

Reg. No: 19613-039 Unit: G-4

This is to advise you that on 6/8/05, your medical case/condition was presented to the *Utilization Review Committee* to determine the clinical indication and/or benefit, as well as the urgency and non-urgency of referring you to the community to undergo additional diagnostic testing, and/or an evaluation by a specialist. It was the decision of the *Utilization Review Committee* that your case has been:

approved disapproved tabled at this time. (See below).

To the Ophthalmologist within 2-3 months

If your case has been approved, you will be scheduled in the near future to have the diagnostic testing/surgical evaluation/specialists' evaluation, etc., performed in the community. Due to security concerns, you will not be advised of the date of the referral or be provided additional information on the Escorted Medical Trip until the date of the trip. If you have any change in your condition or symptoms, report them to the Clinical Director and/or your Primary Care Provider. ***If you decide that you do not agree with the referral and or testing, you MUST report to the Clinical Director (in writing) that you are not agreeing to proceed with the referral.

If your case has been disapproved at this time, it has been determined by the committee that the benefit of the referral may not be achieved, and/or, your condition can be maintained in-house. This does not mean that you do not have a legitimate medical condition; however, it indicates that the condition may not be improved by a community referral or it is currently being managed and routinely evaluated in the Chronic Care Clinic. This does not mean that your condition may not warrant future referral to the community; however, this is based on results on continued in-house monitoring, diagnostic results and/or a change in your condition. If you have any questions, you must discuss this with the Clinical Director and/or your Primary Care Provider.

If the decision to table your case was made, this indicates that you will be scheduled for an additional testing and/or evaluation and/or repeat evaluation in-house. Your case then will be presented to the Utilization Review Committee at a later date.

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: ~~AA~~ SHU AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

You were Seen By Dr Howard 3/3/04
I will have you called on 4/1/04
for discussion of what needs
To be done

Signature Staff Member [signature] T. BEAM, MD FCI MCKEAN Date 3/31/04

000181

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER DARRYL	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: ~~AA~~ SHU ~~AA~~

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIATE THIS PAIN I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member BEAM, MD FCI McKEAN Date 3/31/04

000182

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FEDERAL BUREAU OF PRISONS
memorandum

FCI McKean, Pennsylvania

DATE: March 23, 2004

REPLY TO ATTN. OF: James F. Sherman, Warden

SUBJECT: **INMATE REQUEST TO STAFF MEMBER**

TO: BAKER, Darryl
Reg. No. 19613-039

This is in response to your letter receipted in my office on March 12, 2004, in which you state that you suffered an eye injury on February 29, 2004 and have not received medical treatment for it.

Records indicate you were medically assessed immediately following the injury. You were instructed to follow up with sick call as needed following that assessment. A sick call slip was never received by health services from you; however, on March 9, 2004, at the request of the Associate Warden, a PA stopped by to examine you. You became verbally abusive and belligerent with the PA. You were given an order to stop your abusive behavior which you refused to do. The PA was not able to conduct an exam at that time due to your behavior. You were instructed of the proper way to sign up for sick call at that time. A sick call request was received from you on March 9, 2004, and you were seen by a doctor on March 11, 2004. The exam revealed a left eyelid abrasion only. No other injuries were found concerning your left eye.

I trust your concerns have been addressed.

LOU SENSITIVE

MCK41 535.03 * INMATE PROFILE * 03-12-2004
PAGE 001 OF 001 15:05:20

19613-039 REG

REGNO: 19613-039 FUNCTION: PRT DOB/AGE.: 06-30-1962 / 41
NAME.: BAKER, DARRYL ORRIN R/S/ETH.: B/M/O
RSP..: MCK-MCKEAN FCI MILEAGE.: 269 MILES
PHONE: 814-362-8900 FTS: 700-362-8909
PROJ REL METHOD: GOOD CONDUCT TIME RELEASE FBI NO..: 747008W1
PROJ REL DATE..: 07-02-2012 INS NO..: N/A
PAR ELIG DATE..: N/A SSN.....: 370782859
PAR HEAR DATE..: DETAINER: NO CMC..: YES
OFFN/CHG RMKS: DKT: 94-CR-50065-01-FL DIST. OF COCAINE BASE, A & A, P/W/I/T/D
OFFN/CHG RMKS: COCAINE BASE 235 MONTHS CUSTODY BOP

FACL	CATEGORY	- - - - -	CURRENT ASSIGNMENT - - - - - - -	EFF DATE	TIME
MCK	ADM-REL	A-DES	DESIGNATED, AT ASSIGNED FACIL	09-12-2002	0815
MCK	CARE LEVEL	CARE1	HEALTHY, NO CHRONIC CARE	06-10-2003	1449
MCK	COR COUNSL	AA	ELLEN MCNINCH - AA (EXT 547)	09-12-2002	0815
MCK	CASE MGT	PROG RPT	NEXT PROGRESS REPORT DUE DATE	07-05-2005	0757
MCK	CASE MGT	RPP NEEDS	RELEASE PREP PGM NEEDS	12-31-1996	1134
MCK	CASE MGT	V94 CDA913	V94 CURR DRG TRAF ON/AFT 91394	04-13-1996	1109
MCK	CASE MGT	V94 CVA913	V94 CURR VIOL ON/AFTER 91394	07-30-2001	1851
MCK	CORR SVCS	RAN NEG	RANDOM DRG TST-NEGATIVE	11-04-2003	1627
MCK	CASEWORKER	AA	CASEWORKER AA JEFF LABESKY	09-12-2002	0815
MCK	CUSTODY	IN	IN CUSTODY	10-04-1995	1205
MCK	DOCTOR	DR.B:00-48	DR.BEAM-FCI CASELOAD	09-16-2002	0837
MCK	DRUG PGMS	DRG I NONE	NO DRUG INTERVIEW REQUIRED	12-28-1995	1049
MCK	DRUG PGMS	NR DIS	NRES DRUG TMT/DISCONTINUED	09-06-2000	1012
MCK	EDUCATION	CDL	ACE - CDL	01-13-2004	1830
MCK	EDUC INFO	ESL HAS	ENGLISH PROFICIENT	11-16-1995	0922
MCK	EDUC INFO	GED HAS	COMPLETED GED OR HS DIPLOMA	11-14-1995	0850
MCK	FIN RESP	COMPLT	FINANC RESP-COMPLETED	10-09-1996	0849
MCK	LEVEL	MEDIUM	SECURITY CLASSIFICATION MEDIUM	08-25-2003	1028
MCK	MED DY ST	REG DUTY W	REGULAR DUTY W/MED RESTRICTION	09-12-2002	1511
MCK	PGM REVIEW	APR	APRIL PROGRAM REVIEW	04-30-2004	0755
MCK	QUARTERS	Z07-201UAD	HOUSE Z/RANGE 07/BED 201U AD	02-29-2004	0953
MCK	RELIGION	PROTESTANT	PROTESTANT	01-11-1996	1905
MCK	SECOND RSP	NOT USM	NOT RESPONSIBILITY OF USMS	09-12-2002	0815
MCK	UNIT	A	UNT MGR C. KINDERVATER 3597	09-12-2002	0815
MCK	WAITNG LST	CIM COMPLT	CIMS PKT COMPLETE	08-24-1998	0903
MCK	WAITNG LST	CMPTR D VT	COMPUTER VT WAIT LIST DAYS	03-01-2004	1544
MCK	WAITNG LST	DENTAL	MAIN DENTAL WAITING LIST	04-04-2003	1125
MCK	WAITNG LST	INDUSTRIES	UNICOR WLS	11-05-2002	1421
MCK	WAITNG LST	NON-SMOKER	NON-SMOKER	09-12-2002	2019
MCK	WRK DETAIL	SHU UNASSG	SHU UNASSIGNED	03-01-2004	0120

G0000 TRANSACTION SUCCESSFULLY COMPLETED

From:	Control Number:
04 DEC 15 AM 8:34 Warden's Office	2004-021

Subject:	Date Received:	Date Due:
Baker, Darryl # 19613-039	3/12/04	3/19/04

Remarks:

✓ Please prepare a written response for the Warden's signature by 3/19/04.

____ Please respond under your signature.

____ File for your information.

____ Initial & forward.

____ If you are unable to meet the deadline, please contact the Warden's Secretary to request an extension.

To:

- ✓ AW(O) — HSA Prepare a response for my signature. Log please track and advise. Thanks. JEE
- ____ AW(P)
- ____ SOI
- ____ Camp Administrator
- ____ Executive Assistant
- ____ Captain
- ____ Case Management Coordinator
- ____ Chaplain
- ____ Chief Psychologist
- ____ Chief Medical Officer
- ____ Computer Services Manager
- ____ Controller
- ____ Employee Development Mgr.
- ____ Facility Manager
- ____ Food Service Administrator
- ✓ Health Services Administrator
- ____ Human Resource Manager
- ____ Inmate Systems Manager
- ____ Recreation Supervisor
- ____ Safety Manager
- ____ Supervisor of Education
- ____ UNICOR Factory Manager
- ____ Unit A Manager
- ____ Unit B Manager
- ____ Unit C Manager
- ____ Unit D Manager
- ____ Other: _____

BP-S148.070 INMATE REQUEST TO STAFF CDFRM
SEP 98

Dr Beam

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. BEAM M.D.	DATE:
FROM: INMATE BAKER	REGISTER NO.: 16913-039
WORK ASSIGNMENT:	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

MY MEDICINE IS ALL GONE AND THE BUMPS ARE RETURNING, I NEED SOME SYMBYAX MEDICINE

THANK YOU.

(Do not write below this line)

DISPOSITION:

Please bring this up with the MLP on Stdcall

Signature Staff Member H. BEAM, MD FCI McKEAN Date 3/24/04

000186

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

DOCTOR BEAM, M.D. MARCH 9, 2004.

1. I DARYL BAKER, EMERGE IN ADMINISTRATIVE SEGREGATION ON SUNDAY FEBRUARY 29, 2004.

2. I WAS SEEN BY A DOCTOR IN MEDICAL AND RECEIVED NO MEDICATION FOR my EYE INJURY.

. MONDAY MARCH 1, 2004, NURSE NELSON, CAME TO ADMINISTRATIVE SEGREGATION AND, I INFORM HERE OF my INJURY AND SHE REFUSED TO GIVE ME MEDICAL ATTENTION.

BOTH ASSISTANT WARDENS CAME TO MAKE THEIR ROUNDS UNDER BOP POLICY AND I INMATE BAKER BROUGHT my MEDICAL NEED TO BOTH OF THE AND I WAS STILL DENIED ATTENTION

IT's BEEN TWO (2) WEEKS UNTIL THIS DAY AND, A MALE FROM MEDICAL CAME TO ADMINISTRATIVE SEGREGATION AND MARCH 9, 2004, AND I INMATE BAKER STILL AGAIN WAS DENIED MEDICAL TREATMENT FROM STAFF HERE AT F.C.I. McKEAN.

DOCTOR BEAM, M.D., I INMATE BAKER, STILL HAVE A EYE INJURY DO TO THE FACT I WAS ASSULTED BY TO INMATES. I AM STILL REQUESTING MEDICAL TREATMENT, PLEASE LOOK INT THE MATTER.

ALSO, I BROUGHT my INJURY TO THE A- STAFF IN ADMINISTRATIVE SEGREGATION, NAME IS OFFICER Cannon.

000187

8. UNDER THE EIGHT AMENDMENT FOR CRUEL AND UNUSUAL PUNISHMENT WHEN STAFF DENY AN INMATE MEDICAL ASSISTANCES IT VIOLATES THIS AMENDMENT BECAUSE STAFF IS BEING DELIBERATELY INDIFFERENT TOWARD A INMATE MEDICAL NEED.

1. UNDER THE ANTITERRORISM DEATH PENALTY ACT WHICH WAS INACTED CARRIES THE PRISON LETIGATION REFORM ACT WHERE A INMATE MUST EXHAUST HIS ADMINISTRATIVE REMEDIES BEFORE HE CAN PRESENT HIS CLAIM IN THE DISTRICT COURT.

INMATE BAKER
19613-039

Received & Seen 3/11/04
Att Chart Noll

H. BEAM, MD
FCI McKEAN

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
DOCTOR MEDICAL	3-28-03
FROM:	REGISTER NO.:
INMATE BAKER	# 19613-039
WORK ASSIGNMENT:	UNIT:
SHU	

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, TODAY AT APPROXIMATELY 8:10 NURSE NELSON, ARRIVED AT SHU DOOR 101. I REQUESTED MEDICAL ATTENTION AND WAS DENIED AGAIN. THIS IS THE FOURTH (4) TIME I BROUGHT THIS TO HER ATTENTION CONCERNING MY SYMPTOMS.

PLEASE LOOK INTO THE MATTER!

8th AMENDMENT
CRUEL AND UNUSUAL PUNISHMENT DENIAL OF MEDICAL NEED, AND BEING DELIBERATELY INDIFFERENT!

(Do not write below this line)

DISPOSITION: I saw you on 3/31/03. Are you still having a need for evaluation? Your note complaining about Nelson RN doesn't mention your concern.

Please direct requests for care to the PA or nurse practitioner on md making rounds in the future. The nurse does not diagnose problems.

Signature Staff Member: H. BEAM, MD FCI MCKEAN — Date: 4/3/03

000189

Record Copy - File; Copy - Inmate
This form may be replicated via WP

This form replaces BP-148.070 dated Oct 88 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUE TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUS ICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
DOCTOR ("MEDICAL")	3-28-03
FROM:	REGISTER NO.:
INMATE BAKER	# 19613-039
WORK ASSIGNMENT:	UNIT:
SHU	A-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, I HAVE BEEN IN ADMINISTRATIVE DETENTION FOR (13) DAYS REQUESTING MEDICAL ATTENTION FOR MY MEDICAL NEED, SYMPTOMS, ("I HAVE PUS, AND INFLAMMATION, BLEEDING, EXASPERATION, ON THE SURFACE OF MY HEAD") I HAVE BROUGHT THIS TO THE ATTENTION OF YOUR MEDICAL TEAM HERE AT F.C.I. MCKEAN. THEY ARE FIRST, SHIFT (NURSE (3) TIMES), EVENING WATCH MARSE ON (2) OCCASIONS, AND (P.A. ON (2) OCCASION), AND STILL NO RESULTS.

DOCTOR, TO PREVENT THIS MATTER FROM RESULTING TO BE ADJUDICATED ON JUDICIAL PROCEEDINGS PLEASE, LOOK INTO THE MATTER! CAUSE, ("8 AMENDMENT CRUEL AND UNUSUAL PUNISHMENT BEING DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEED").

(Do not write below this line)

DISPOSITION:

I will likely examine your scalp soon.

Signature Staff Member H. BEAM, MD FCI MCKEAN Date 3/28/03

000190

Record Copy - File; Copy - Inmate
This form may be replicated via WP

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member) MEDICAL DOCTOR LENORD	DATE: JUNE 23, 2002
FROM: INMATE BAKER	REGISTER NO.: #19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I CONFABULATED WITH YOU TWO (2) WEEKS PERTAINING TO THE INJURYS TO MY HEAD. I ALSO CONFABULATED WITH MS. TIGER (P.A.) SHE EXPLAINED THAT SHE WILL NOT PRESCRIBE ANY OTHER MEDICATION. THE SYMPTONS THAT I HAVE ON MY HEAD ARE BLEEDING, SWELLING, PUSS, IRRETATION, SCABS, AND EXCRUCIATING PAIN. IT HAS BEEN ONE (1) YEAR AND A ½ AND THE MEDICAL DEPARTMENT HERE AT F.C.I. LORETTO HAS NOT PROVIDED ME WITH MEDICAL TREATMENT I AM REQUIRED. DOCTOR LENORD, PLEASE DO NOT BE DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEEDS.

(Do not write below this line)

DISPOSITION: Received 6/26/02 DR

YOU HAVE BEEN PLACED ON THE WAITING LIST. WATCH THE CALL-OUTS

Please continue with the measures I discussed with you on 6/5/02 when I saw you to include decrease of frequency of washing scalp as the healing can be slow. You may follow up with the PA as needed until I can see you.

Signature Staff Member: Daniel Lenord, M.D. Clinical Director
Date: 6/26/02

000191

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 **INMATE REQUEST TO STAFF** CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TO: (Name and Title of Staff Member)	DATE:
DR. LENORD HOSPITAL	06-05-02
FROM:	REGISTER NO.:
INMATE BAKER	# 19613-039
WORK ASSIGNMENT:	UNIT:
SHU	

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I HAVE A PROBLEM WITH BUMPS, SORES, BLEEDING ON MY HEAD. I TALK WITH SEVERAL P.A's AND I TOLD THEM THIS PROBLEM HAS BEEN THERE FOR 6 MONTHS OR MORE. DOCTOR LENORD, IF YOU WOULD PLEASE COME TO (SHU) TO EXPLORE THIS MATTER, BECAUSE IT'S CAUSING EXCURCIATING PAIN.

THANK YOU!

(Do not write below this line)

DISPOSITION:

As you know I saw you today while I was in SHU.

Signature Staff Member
Daniel Leonard, M.D.
Clinical Director

Date
6/5/02

000192

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

Printed on Recycled Paper

FCI Loretto

Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: DARRYL BAKER
   (Nombre)
2. Reg. Number: 19613-039 WORK DETAIL: UNICOR
   (Numero de Registro)
3. Date: 10/17/01
   (Fecha)
4. Housing unit and Unit Team: NO. 3 . 23UP TEAM: (A) B C D E F
   (Unidad y equipo de la unidad)
5. Complaint. What is your problem ?
   (Queja). (Cual es su problema?)
   Bumps IN my head.

6. How long have you had this problem?
   (Durante cuante tiempo ha tenido este problema?)
   Days_____Months 8 months Years_____
   Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes_____ No ✓
   (Esta usted tomando alguna(s) medicinas actualmente?)

8. Have your purchased Over-the-Counter Medications from Commissary?
   (Ha comprado medicinas non-prescipcion en la Comisaria?
   Yes_____No ✓

9. Signature Darryl Baker
   (Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 10/18/01
11. Time Seen:_____
12. Subjective:_____
13. Objective: Temp._____Pulse_____Respirations_____B/P_____
13. Appointment Date: 10/18/01 Appointment Time 0815
14. Triage Personnel's Signature:_____

000193

FCI Loretto

Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:
You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: DARRYL BAKER
   (Nombre)
2. Reg. Number: # 19613-039 WORK DETAIL: UNICOR
   (Numero de Registro)
3. Date: _____
   (Fecha)
4. Housing unit and Unit Team: 23 NO. 23 UP. TEAM: (A) B C D E F
   (Unidad y equipo de la unidad)
5. Complaint. What is your problem ?
   (Queja). (Cual es su problema?)
   HAVE SOME BUMPS IN MY HEAD
6. How long have you had this problem?
   (Durante cuante tiempo ha tenido este problema?)
   Days 4 Months 8 Years _____
   Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No ✓
   (Esta usted tomando alguna(s) medicinas actualmente?)
8. Have your purchased Over-the-Counter Medications from Commissary?
   (Ha comprado medicinas non-prescipcion en la Comisaria?
   Yes _____ No ✓
9. Signature Darryl Baker
   (Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: _____
11. Time Seen: _____
12. Subjective: _____
13. Objective: Temp._____ Pulse_____ Respirations_____ B/P_____
13. Appointment Date: _____ Appointment Time_____
14. Triage Personnel's Signature: _____

000194

FCI Loretto

Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:
You must fill out this form completely, numbers 1-9:
(Debe de llanar este formulario completamente, numeros 1-9.)

1. Name: DARRYL BAKER
(Nombre)
2. Reg. Number: # 19613-039 WORK DETAIL: UNICOR
(Numero de Registro)
3. Date: July 23, 2001
(Fecha)
4. Housing unit and Unit Team: 23 NO. 230 TEAM: (A) B C D E F
(Unidad y equipo de la unidad)
5. Complaint. What is your problem ?
(Queja). (Cual es su problema?)
RASH ACCUMILATED IN MY HEAD

6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days 5 Months 6 Years
Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes No ✓
(Esta usted tomando alguna(s) medicinas actualmente?)

8. Have your purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescipcion en la Comisaria?
Yes No ✓

9. Signature Darryl Baker
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 7/23/01
11. Time Seen:
12. Subjective:

13. Objective: Temp. Pulse Respirations B/P
13. Appointment Date: Appointment Time
14. Triage Personnel's Signature:

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DENTIST	DATE: MAY 16, 2000
FROM: DARRYL BAKER	REGISTER NO.: #19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: A-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

TEETH CLEANED AND EXAMINED

INMATE BAKER
#19613-039

THANK YOU!

(Do not write below this line)

DISPOSITION:

Your name has been added the waiting list. Please watch the call-outs.

FCI McKean

Signature Staff Member	Date
R. Tanner, HA — T. Tanner LHT	5-22-00

000196

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 11/13/1998

TO: DARRYL BAKER
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

"URGENT" I NEED DENTAL ATTENTION IMMEDEATLY, BECAUCE OF A FILLING THAT FELL OUT.

INMATE BAKER
19613-039

(Use other side of page if more space is needed)

NAME: _____ No.: _____

Work assignment: _____ Unit: _____

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11/20/98

IF YOU ARE EXPERIENCING ANY DENTAL PAIN OR DISCOMFORT, PLEASE SIGN UP FOR SICK CALL.

WG

W.G. STERBA DDS
Officer

000197

Original - File
Copy - Inmate

FCI McKean